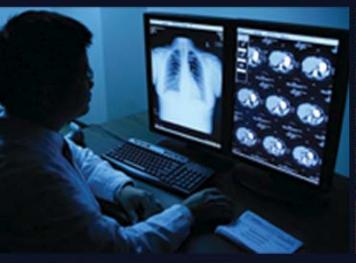


# Science Transforming Life







Michigan Tobacco QuitLine: Pregnancy and Postpartum protocol
November 15, 2011

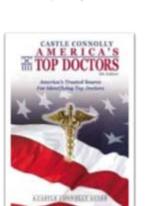


# As An Institution

National Jewish Health is among the most influential research and academic

medical center in the world

- Founded in 1899
- Non-profit, non-sectarian
- # 1 Respiratory Center in the US since 1998 according to US News and World Report
- Call center operations for more than 35 years
  - Quit Line
  - Weight Management
  - Disease Management
  - Lung Line and Physician Line
- •70% of the institution dedicated to research
  - •Behavior change and chronic disease states
  - COPD Gene study



Amereleak:



# Addressing the # 1 Cause of Preventable Mortality

# **Tobacco Cessation**

# Michigan Tobacco QuitLine Overview

- 7 day per week, Bilingual Call Center
- 4 Call Program
- Based upon Stages of Change Behavior Model
  - Precontemplation (not intending to make changes)
  - Contemplation (considering a change)
  - Preparation (making small changes)
  - Action (actively engaging in the behavior)
  - Maintenance (sustaining the change over time)
- Encourage use of pharmacotherapy
  - Gum, lozenges, and patches fulfilled by NJH



# Michigan Tobacco QuitLine Overview

- Every participant is viewed as an unique participant
- Coach assesses motivation and works with caller according to where they are in SOC
- All calls are scheduled by the participant in order to accommodate their schedule
- All participants can call into to our QuitLine 7 days/week to discuss any issue at no additional cost
  - Over 10% will call in



# Michigan Tobacco QuitLine Overview

Timing	Action
Day one (initiated by participant)	<ul> <li>Participants call Michigan Tobacco QuitLine to enroll</li> <li>Tobacco cessation specialist will likely conduct intake and first of four coaching sessions</li> </ul>
Within 5 days of enrolling	<ul> <li>Participant receives welcome letter and self-help workbook</li> <li>If participant completes first coaching call, 1st shipment of NRT is sent out at this time</li> </ul>
Over next 6 to 8 weeks	Tobacco cessation specialist conducts three remaining coaching sessions as outbound calls to participant
At any time	Participants call Michigan Tobacco QuitLine for support
Program completion	Participant receives completion certificate after four coaching calls



## Michigan Tobacco QuitLine: Participant Experience

- Session 1 Tobacco Questionnaire (TQ)
  - Occurs concurrent or as soon as possible after the Intake Call
  - First coaching session where the participant is formally enrolled into the tobacco cessation program. If appropriate NRT is ordered.
  - Protocol-driven interview, the Coach assesses the caller's level of addiction, stage
    of change, tobacco history, medical conditions and lifestyle issues that might affect
    the quitting process.

#### Session 2 – Prepare or Support

- To occur within one to two weeks of the first call
- Provide information on the correct use of medications. If appropriate order 2nd four-week dose of NRT.
- The Coach helps the tobacco user identify difficult situations and problem solves with the participant to develop coping mechanisms.



# Michigan Tobacco QuitLine: Participant Experience

- Sessions 3 and 4 Support and Relapse Prevention
  - Critical support calls to reinforce importance of completely stopping tobacco use
  - Review coping strategies for withdrawal symptoms and cravings
  - Develop new coping strategies
  - Problem solve anticipated challenges and barriers to remaining quit
  - Review the high risk situations that might lead to their relapse



# How a Participant can get started using the QuitLine

Call: 1-800-QUIT-NOW

1-800-480-7848

Online: michigan.quitlogix.org



Science Transforming Life®

# **Provider** Fax Referral **Form**



Today's Date

Fax to: 1-800-261-6259

Use this form to refer patients who are ready to quit tobacco in the next 30 days to the Michigan Tobacco Quitline.					
PROVIDER(S): Complete this section					
Provider name	Contact Name				
Clinic/Hosp/Dept	E-mail				
Address	Phone ( ) -				
City/State/Zip	Fax ( ) -				
Does patient have any of the following conditions:	t  uncontrolled high blood pressure  heart disease				
If yes, please sign to authorize the Michigan Tobacco Quitline to send the patient free, over-the-counter nicotine replacement therapy if available. If provider does not sign and the patient has any of the above listed conditions, the Michigan Tobacco Quitline cannot dispense medication.					
Provider Signature					
Please Check:   Patient agreed with clinician to be referred to the Michigan Tobacco Quitline.					
PATIENT: Complete this section					
Yes, I am ready to quit and ask that a quitline coach call me. I understand that the Michigan Tobacco Quitline will inform my provider about my participation.					
Best times to call? ☐morning ☐afternoon ☐evening ☐	weekend				
May we leave a message? □Yes □No					
Are you hearing impaired and need assistance?					
Date of Birth? / / Gender □M □	]F				
Patient Name (Last)	(First)				
Address	City State				
Zip Code	E-mail				
Phone #1 ( ) -	Phone #2 ( ) -				
Language □English □Spanish □Other					
Patient Signature	Date				

#### PLEASE FAX TO: 1-800-261-6259

Or mail to: Michigan Tobacco Quitline., c/o National Jewish Health®, 1400 Jackson St., S117A, Denver, CO 80206

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# Michigan Pregnancy and Postpartum Protocol: Starting February 2012



# The Problem

- 20% of all pregnant women tobacco users smoke throughout their pregnancies
  - 15-30% of women who quit smoking when they find out they are pregnant relapse prior to delivery
  - 45% relapse at 2-3 months post-partum
  - 60-70% at 6 months post-partum
  - 65-80% by the baby's first birthday



# The Problem

- In clinics serving only disadvantaged populations, up to 50% of pregnant women smoke.
- Only half of these are being directed on how to quit
- Reducing smoking during pregnancy by 1% in U.S. over 7 years would prevent 57,000 LBW infants and save \$572 million in direct medical costs.

Colorado Pregnancy Risk Assessment Monitoring System (PRAMS), 2008



## The Problem

- Reproductive Effects of Cigarette Smoking:
  - Decreased fertility
  - Low birth weights
  - Premature rupture of membranes
  - Placenta previa
  - Placenta abruption
  - Preterm delivery
  - SIDS

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### The Problem

#### Secondhand Smoke

- Infants whose mothers smoke are 50% more likely to be hospitalized with a respiratory infection (bronchitis and pneumonia) during their first year of life 1
- There is a 73% higher risk of hospitalization if mothers smoke while holding their infants and a 95% higher risk if mothers smoke while feeding their infants 1
- Once a child has asthma, secondhand smoke increases the frequency of episodes and the severity of symptoms 2
- Children who are exposed to cigarette smoke during the first three years of life have double the risk of frequent or persistent ear infections
- 1. Blizzard, et al., 2003
- 2. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Children are Hurt by Secondhand Smoke. (2006)



# Pregnancy and Postpartum Protocol History

- A pilot project in Colorado
- Developed for lack of services for this population
- Objective: determine how tailored program would impact this population
- No evaluation budget
- We had an electronic way of communicating
  - Gathered some follow up data



# Pregnancy and Postpartum Protocol Overview

- Dedicated coach
- Monetary incentives for completing calls
- NRT, with MD consent
- Text messaging with consent
- Increased number of calls



- Eligibility
  - Resident of state in which program is being offered
  - Eligibility determined by insurance status
  - Currently pregnant (can not enroll in program if Post-Partum)
  - Rewards: After the first coaching call a rewards card with \$5 credit will be sent to participant.
    - Receives \$5 per completed call during pregnancy (up to \$25)
    - Receives \$10 per completed post-partum call (up to \$40)
  - Incentives based on completed calls



## Pregnancy Process

- 1. Participant welcome and eligibility determined
- 2. If eligible, an intake is completed:
  - a. Reason for calling and awareness of QuitLine
  - b. Assessment for types of tobacco use
  - c. Caller characteristics
  - d. Other intake data
  - e. Client specific questions
- 3. Medical screening conducted
- 4. Welcome packet sent to participant.
- 5. Participant is transferred to a pregnancy QuitLine Coach or scheduled for appointment in near future.



# Pregnancy Process

- 6. Participant has the option to enroll or not.
- 7. If enrolled, assigned to designated pregnancy coach.
- 8. Participant can choose to receive text messages post partum.
- 9. Coach collects due date and begins coaching process
- 10.If client offers NRT, then pending Doctor's consent, participants may receive NRT.
- 11.Reward process for completed calls begins
- 12. Coaching continues through pregnancy and resumes 2 weeks post-partum.

#### Postpartum Process

- 1. Two weeks prior to due date, coach will either send a text message or call participant.
- 2. If participant continues using tobacco she may be eligible for additional NRT (per client offerings).
  - 1. Requires NEW MD consent if nursing.
  - 2. If participant is nursing or has a qualifying insurance status, participant may be eligible for additional NRT post-partum.
- 3. Coaching calls resume at 2 week intervals.
- 4. Reminder text messages will be sent prior to each phone call.
- 5. Rewards process for post-partum completed calls begins.
- 6. Coach will make 2 additional attempts (a total of 5 attempts) to reach a participant who is unreachable.



# Pregnancy and Postpartum Pilot Program

- •What We Found:
  - 351 Women enrolled in the program
  - 109 responded to a telephone survey after 1 year
  - 63% cessation rate
- Success Stories



# How a participant can get started using the Pregnancy/Postpartum Program

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Address	Phone ( ) -	
City/State/Zip	Fex ( ) -	
	ns: pregnant puncontrolled high blood pressure according to send the patient free, over-the-counter nice in the patient free above listed conditions, the Michigan To	otine replacement therapy if
Please Check: Patient agreed with clinician	n to be referred to the Michigan Tobacco Ouitline.	
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Tinitial  Yes, I am ready to quit and ask that a dimy provider about my participation.  Best times to call? □morning □afternoon  May we leave a message? □Yes □No	quitline coach call me. I understand that the Michigan Tol	bacco Quitline will inform
Are you hearing impaired and need assistance?	□Yes □No	
Date of Birth? / /	Gender □M □F	
Patient Name (Last)	(First)	
Address	City	State
Zip Code	E-mail	
Phone #1 ( ) -	Phone #2 ( ) -	
Language □English □Spanish □Othe	er	
Patient Signature	Date	

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**THANK YOU**